THE UNION FOR QNU NURSES AND MIDWIVES

IMPORTANT INFORMATION

FOR QNU MEMBERS

WORKING IN QUEENSLAND HEALTH

Nurses and midwives *(Queensland Health and Department of Education and Training) Certified Agreement (EB9) 2016*

EB9 BETTER WORK. BETTER LIFE.

REMEMBER

This booklet contains essential information for QNU members working in Queensland Health to help you assess the proposed EB9 agreement.

It's your pay and your conditions.
Make sure your view is counted by voting.

This booklet has been emailed to all QNU members who have identified Queensland Health as their primary or secondary workplace with the QNU. It can also be downloaded from our website at **www.qnu.org.au/EB9**.

For more information, please call QNU Connect on 3099 3210 or on 1800 177 273 (toll free outside Brisbane).

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VOTING – IT'S VITAL

Whether you want to accept or reject the proposed agreement it is important you vote.

A high voter turn-out shows that nurses and midwives feel strongly about their wages and working conditions. A high voter turn-out also makes our collective voice stronger for future negotiations. It also ensures an accurate representation of nurses' and midwives' views is obtained.

A message to QNU members

You are being asked to vote on the proposed *Nurses and Midwives (Queensland Health and Department of Education and Training) Certified Agreement (EB9) 2016* — the agreement that would form the basis of your working conditions over the next two years.

The offer outlined with this booklet is the result of months of negotiations between the QNU, Queensland Health, and the Department of Education and Training.

Negotiations are often a lengthy and complicated process. As always, our task during this round of negotiations was to secure an enterprise bargaining (EB) agreement that recognises the dedication and professionalism of Queensland's nurses and midwives facing an ageing population and changing workplace expectations.

The journey to a new agreement was conducted using the Interest-Based Problem Solving framework, where parties identify mutually agreed interests, then work toward solutions and better practices. As is always the case with enterprise bargaining, members—through their local branches—are encouraged to provide input and play an active role in determining the final outcome of EB9.

For nurses and midwives, these interests were determined at the QNU's Annual Conference, with input from branch delegates from all around the state. The democratic process of the QNU ensures every public sector member has the opportunity to contribute to EB9 negotiations.

As a result, the QNU identified and subsequently presented at the negotiating table a number of key priorities for nurses and midwives. The thrust of this two-year agreement is to get back on track with the critical work that was not completed by the previous government.

The EB9 is very much focused on achieving better workloads for all nurses and midwives to keep you and those in your care safe. Negotiations around workloads have occurred within the context of establishing minimum nurse/midwife-to-patient ratios from 1 July 2016. Improvements to the Business Planning Framework (BPF) are intended to strengthen its ability to be the underpinning tool for ensuring safe workloads and patient safety.

For the first time, the agreement will also extend to nurses employed by the Department of Education and Training working as school nurses.

Over the life of the agreement, the QNU will be working collaboratively with Queensland Health to fulfil critical projects that remain unfinished and then build from there. Under the new agreement, we'll be implementing a transparent classification ladder that gives nurses and midwives confidence you are classified correctly. We will also work with Queensland Health to explore if there are better ways to acknowledge the challenges and costs of working in rural and remote communities.

This booklet contains essential information that will assist you to assess the proposed agreement and help you make an informed decision when you vote on EB9.

We urge you to exercise your right to vote. It's your pay and conditions—make sure your view is counted.

Sincerely,

Beth Mohle
Secretary

Sandra Eales
Assistant Secretary

Beth Mohle

Sandra Eales

HAVE YOUR SAY ON EB9!

Frequently asked questions

What's the ballot?

The proposed EB9 agreement outlines your wages and conditions for the next two years. In order to become an agreement, it must go to a ballot of all Queensland Health and DET nurses and midwives.

How is the ballot conducted?

This ballot process will be different to previous ballots. This time it will be conducted electronically or via phone.

GoVote is conducting the ballot on behalf of QH. All nursing and midwifery employees of QH (permanent, temporary (on contract) and casual staff) will receive a unique PIN by mail from GoVote. You will need this number to vote, as well as your eight digit payroll number. If your payroll number is only six digits, simply add '00' to the beginning of the number.

Your PIN, as well as a letter outlining instructions on how to vote, will be mailed to the postal addresses of QH nurses and midwives as provided in 'Streamline'. Please ensure your details, including your postal address, are up to date.

There are three options for voting using your unique PIN and payroll number: you can vote online, by phone, or by SMS.

EB9 formal consultation period and ballot under the Act:

Consultation period: 29 June - 15 July
Ballot period opens: Monday 18 July at 8am
Ballot period closes: Sunday 31 July at 6pm

Why is GoVote conducting the ballot and not Queensland Health?

Go Vote is external to Queensland Health and ensures the confidentiality and impartiality of the ballot process. They also have the capacity to conduct an electronic ballot.

Who is entitled to vote?

All nurses and midwives employed by Queensland Health are eligible to vote. This includes all permanent, temporary (on contract), and casual staff employed at the time of the ballot.

Do I have to vote?

It is very important that you do vote, but it is not compulsory. Ultimately, the outcome of the ballot is determined by those who vote. It's important you vote to ensure you don't miss out on the wages and conditions you want. Make sure your view is counted.

When can I vote?

You can vote any time within the two-week period between 8am Monday 18 July and 6pm Sunday 31 July.

Remember, Australia Post delivery dates have changed. For those who live close to Brisbane, you could receive your ballot information before the voting period opens. You won't be able to vote until the voting period opens. Make sure you keep the voting information in a safe place until you're able to vote and remember to do so as soon as possible.

For some of our rural and remote members, you may not receive your ballet information until after the voting period has commenced.

While you don't have to vote as soon as the ballot opens, we encourage you not to leave it until the last moment.

Where can I get a copy of the proposed agreement?

A copy of the proposed agreement will be available during the formal consultation period from 29 June. For QNU members, the proposed EB9 agreement is available now at **www.qnu.org.au/EB9**.

During the two-week consultation period QNU members can review a copy of the proposed agreement and attend QH scheduled information sessions during paid work time—both of which are required by legislation to ensure you understand the proposed agreement.

How should I vote? Yes or no?

This is your decision. The QNU strongly encourages you to fully inform yourself about every aspect of the proposed agreement before making your decision. You can do this by reading the agreement and the explanatory information in this booklet. You should contact your local Organiser or call QNU Connect on 3099 3210 or toll free on 1800 177 273 if you need any aspect of the proposed agreement clarified.

What happens if the ballot is successful?

If the majority of nurses and midwives participating in the ballot vote in favour of the proposed agreement (50% plus one of returned votes), then the agreement goes to the Queensland Industrial Relations Commission for certification. Once the commission has certified the agreement, QH payroll will take steps to implement the pay increases and determine back pay of wages and allowances from 1 April 2016. Members will be advised of the timeframes for these payments after the agreement is certified.

What happens if the ballot is unsuccessful?

If the majority of nurses and midwives participating in the ballot reject the proposed agreement, the QNU bargaining team will return to negotiations.

If this occurs, however, there is no guarantee any future offer from the employer will include the existing pay offer, entitlements, operative dates, or any other enhancement to conditions.

Prior to recommencing negotiations, the QNU will consult with members regarding the outstanding issues, as well as what steps you are prepared to take to support your claims. This is important as members will need to demonstrate their concerns if we are to have a chance at improving the offer.

What if I have not received my ballot information?

If you do not receive your ballot information within a few days of the ballot commencing, please contact GoVote, who will check to see if you were on the list of employees provided by QH. If you are, GoVote can reissue you with another PIN. If you are not on the list, you must contact your local QH ballot officer—their details can be accessed at **http://bit.ly/2902xVE**.

Please note that if you are in a remote area, your ballot information could take a few days longer to arrive in the mail.

What if I'm having trouble voting online?

In the first instance, contact GoVote. See back cover of this booklet for GoVote contact information.

When will the results be known?

Once votes are counted, a result will be announced shortly after.

Who should I contact for more information?

Members can call their local Organiser or QNU Connect on 3099 3210 or on 1800 177 273 (toll free outside Brisbane) with questions about the proposed agreement, the consultation period or ballot process.

What if I become an employee of Queensland Health during the two-week ballot period?

All employees of QH at the time of the ballot are entitled to vote. Ask your QH ballot officer for information—their details can be accessed at **http://bit.ly/2902xVE**. ■

The outcome of the ballot is determined by those who vote.

Don't rely on others voting to accept or reject the agreement.

Key changes

Wage increases

- 2.5% increase to wages and allowances, consistent with the current Queensland government wages policy, backdated to 1 April 2016.
- A second 2.5% increase will be paid from 1 April 2017.

Workloads

- Improvements to the Business Planning Framework (BPF) to strengthen its role as the underpinning tool for ensuring safe workloads and patient safety.
- Improvements to the Award escalation process for resolving workload concerns.

Enrolled Nurses

- 228 more positions for existing Enrolled Nurses (Nurse Grade 3) to be converted to Nurse Grade 4 Enrolled Nurse Advanced Skill (formally ENAP).

Casual employment

- Improved conditions for casuals, including extending casual loading to apply to Sundays and removing the 32-hour weekly cap.

NUMs and MUMs

- Funding to trial and implement workplace initiatives that better support NUMs and MUMs to meet their workload demands.

On call and recall

- A joint review of the on call and recall provisions in the Award.
- Acknowledgement that on call and recall arrangements ensure clinical services are delivered outside ordinary rostered hours in response to urgent clinical need.
- Recognition that all on call and recall work is performed in addition to ordinary hours of work and is therefore overtime.

Funded projects

- Career and classification structure – following the revised classification descriptors in the Award, this project will develop a classification evaluation tool, model position descriptions, and demonstrate links with career pathways.
- Rural and remote – a review of RANIP and other entitlements to rural and remote nurses, including annual isolation allowance, locality allowance, district and divisional allowance, and additional leave.
- Midwifery – a dedicated project to advance midwifery-led models, including private practice models and group practice.
- Workforce retention – a number of initiatives will be implemented over the life of the agreement to develop more flexible work practices and enhance workforce retention, with a specific focus on parental leave and transition to retirement.
- Rostering – a project to further develop the Best Practice Rostering Guidelines, particularly guidelines for on call, recall, and night shift. ■

The offer in summary

The following information is a summarised overview of the proposed agreement known as the *Nurses and Midwives (Queensland Health and Department of Education and Training) Certified Agreement (EB9) 2016.*

Please note that all references to 'the Award' in the proposed agreement refer to the 2015 Modern Award.

Length of agreement

This is a two-year agreement running from 1 April 2016 to 31 March 2018.

Wage increases and allowances (Clause 13)

The agreement provides a 2.5% increase to wages and most allowances. This is consistent with the current Queensland government's wages policy of 2.5%.

The first increase will be backdated to 1 April 2016 (to be paid in the 2016/17 financial year). The second increase will occur from 1 April 2017.

Please refer to pages 12-18 for wages and allowances tables.

Additional pay point for Nurse Practitioners (Clause 18)

Currently, Nurse Practitioners (Nurse Grade 8) only have access to two pay points for annual progression. The proposed agreement provides a third pay point. This additional pay point, which will be introduced above the existing pay points, will take effect from 1 April 2016. Progression will occur by annual increment. A Nurse Practitioner with more than 12 months' service on NG8 pay point 2 will on 1 April 2016 automatically progress to NG8 pay point 3 from that date. (Details about the new salary level can be found on pages 12-15.)

Retaining existing employment conditions (Part 3)

Many existing conditions have been retained, including:

- Christmas Day special loading: For public hospital employees, the additional 100% loading usually paid for working Show Day is instead paid for work performed on 25 December. Under this arrangement public hospital employees working on Show Day are paid 150% and those working on 25 December are paid 250%.
- Job security: This is a commitment to no forced redundancies and restriction on the use of volunteers and unpaid people to perform the work of nurses and midwives.
- Banked time: This allows for localised 'banked' time arrangements to continue.
- Sunday night shift allowance of 25%: The usual night shift penalty of 20% for ENs and RNs and 17.5% for AINs is replaced by 25% for Sunday night shifts.
- Disaster relief: overtime for senior nurses and midwives: Senior nurses and midwives (excluding DONs—Rural and Remote) may be paid overtime when working additional hours in response to a declared disaster.
- Graduate transition support: An additional week of training for each graduate—one week backfilling at a ratio of one RN/RM to six graduates.
- Contracting out: No contracting out or leasing out of current services.
- Collocation: Full consultation is required when it is proposed to collocate public and private health services. Such collocations will not diminish public health care and existing arrangements for public health care.

Workloads - Strengthening the BPF (Clause 28)

There will be improvements to the Business Planning Framework (BPF), aiming to strengthen its ability as the underpinning tool for delivering safe workloads and patient safety. A properly implemented BPF ensures staffing levels meet varying patient demands within the minimum safety net created by the new ratios legislation in prescribed locations. The agreement now contains a clear statement outlining how the BPF applies to calculating annual operating budgets.

QH and the QNU will continue work to determine safe minimum staffing levels in rural and remote locations. The BPF will also be adapted to better

The offer in summary

suit particular clinical settings (such as specialist services, maternity, and rural and remote services).

Consultation will also continue around implementing the BPF, providing BPF education and training resources, and BPF specialist positions.

Improving the BPF also extends beyond the agreement. QH and the QNU have agreed to the following steps to build a better BPF:

- Vary the Award to introduce an improved escalation process for raising and resolving workload concerns. The new process sets out clear steps for nurses and midwives to follow if they have concerns about workloads and the impact on patient and staff safety. Management will be responsible for immediately investigating the concern and implementing actions to resolve it.
- Vary the 5th edition of the BPF manual to ensure it better incorporates leave by including sick, annual, and professional development leave when calculating required staffing levels and hours. This will be achieved by including an agreed process for developing leave multipliers. Relevant multipliers will be determined at the local level to appropriately calculate sick leave, annual leave, and professional development leave (PDL). This will put decisions in the hands of the Nursing and Midwifery Consultative Forums and will ensure the forums are appropriately informed. Nursing and Midwifery Consultative Forums will also have access to quarterly leave data, empowering them to set targets around the use of PDL. Other leave multipliers will remain unchanged from the 4th edition of the BPF.
- Incorporate into the 5th edition of the BPF manual the requirement for a replacement employee to be provided if a nurse or midwife is on leave and their normal duties and service activity continues. (See Appendix A on page 19).

NUMs and MUMs (Clause 43)

The agreement includes funding allocated to trial and implement workplace initiatives to better support NUMs and MUMs to address their high workload demands.

$4 million will be dedicated in the first year of the agreement to support the trial of workplace initiatives focused on addressing the workloads of NUMs and MUMs. A further $8 million will then be allocated the following year to implement successful initiatives.

The Nurses and Midwives Implementation Group (NaMIG) and the NUM/MUM state-wide reference group will have a key role in considering proposals as well as determining and monitoring the trial and subsequent workplace initiatives. There is also a role at the local level for the Nursing and Midwifery Consultative Forums.

NaMIG could also consider conducting a trial in relation to Rural and Remote Directors of Nursing.

An additional $200,000 will also be allocated to fund a state-wide summit organised over the life of agreement. Its aim will be to facilitate the continuing consultation with NUMs and MUMs regarding workplace initiatives.

The QNU and QH have also committed to ongoing work overseen by NaMIG to:

- Define role of the NUM/MUM
- Recognise and address increasing demands on NUMs/MUMs
- Outline skills, knowledge and attributes for the NUM/MUM role
- Identify mentoring, reporting and monitoring mechanisms for NUMs/MUMs.

The agreement also recognises the need to include the resource requirements of NUMs/MUMs in BPF service profiles.

Enrolled Nurses (Clause 23)

To facilitate career progression for current ENs and to recognise the demand for some ENs to function in a higher role, there will be an increase to the EN Advanced Skill (formally EN Advanced Practice) workforce by 40%. This will occur over the two-year agreement from 1 April 2016 through the conversion of existing ENs to the higher classification.

This will equate to 228 additional Enrolled Nurses being converted to the Advanced Skill level.

The process for the creation of these new positions and conversion of existing ENs will be determined through NaMIG.

On call and recall (Clause 32)

In addition to providing a joint review of the on call and recall provisions in the Award, the agreement acknowledges on call and recall arrangements are intended to ensure clinical services are delivered outside ordinary rostered hours in response to urgent clinical need. The agreement also recognises all on call and recall work is performed in addition to ordinary hours of work and is therefore overtime.

Please also see clause 44 on page 11 regarding the project to review the Best Practice Rostering Guidelines.

Casual employment (Clause 17 and 36)

There are improved conditions and opportunities for casual nurses and midwives through:

- extending the 23% casual loading to work performed on Sundays. (Like Saturdays, penalty rates will continue to apply in addition to the casual loading.)
- removing the 32-hour weekly cap on ordinary hours, allowing casuals to work up to 38 hours a week as ordinary hours. Any hours worked above 38 hours will be paid as overtime.

Continuing the commitment to job security, casual employment remains secondary to permanent and temporary employment. The agreement explicitly states that casual employment cannot replace permanent or temporary employment, and may only be used in cases of unexpected or unplanned leave for short periods.

Permanent employment (Clause 36)

Permanent employment remains the preferred form of employment. The agreement will now specify the limited circumstances suited to temporary employment as an alternative to permanent employment.

There will be increased transparency around the use of permanent, temporary and casual nurses and midwives through regular reporting to NaMIG. A baseline for the number of temporary staff employed will be created and changes reported quarterly to NaMIG. The reporting requirements in the agreement extend to tracking the rate of graduate conversion from temporary to permanent employment at 6-month and 12-month points.

A new classification structure (Clause 14)

In conjunction with the agreement, QH and the QNU have completed the long anticipated review of the classification structure. The Award will be varied to incorporate new descriptions, aimed at better articulating the work of nurses and midwives in QH.

To reflect this work, a revised salary spine is provided in the agreement. **This translation process will not result in a change of wage rate for nurses and midwives.** Some senior nursing classifications may translate to a new classification level or indicative title, which is a numerical classification only and not a change of wage rates. However, please be aware that this new classification level will not appear on payslips for some months.

Once in place from the commencement of the agreement, it is expected the revised salary spine and new descriptors will allow for clear translations to appropriate indicative titles and classification levels, with the exception of changes to models of care.

Please refer to the proposed wages table (which includes the classification and translations guide) on pages 12-15.

Key outcomes of the revised classification structure:

- The title of EN Advanced Practice will be replaced by EN Advanced Skill.
- The current Nurse Grade 6/7A will be converted to a new band at the top of Nurse Grade 6 with progression only by appointment to a position.
- The existing Nurse Grade 9–12 will be realigned as Nurse Grade 10–13.
- Nurse Navigator to be recognised at Nurse Grade.

The offer in summary

- NP candidates sponsored by a HHS will be recognised at Nurse Grade 7.
- DON - Rural and Remote will be distinguished as Nurse Grade 9, with recalibration of their wage rate to reflect Nurse Grade 7 plus 15%. (Other conditions for Rural and Remote DONs remain unchanged as per the Award. However, a rural and remote project, to be completed over the life of the agreement, will consider rural and remote nurse and midwife entitlements including for DON - Rural and Remote).
- AINs working in sterilising services will be correctly identified as and paid AIN rates of pay and other conditions such as penalty rates.

Progression between pay points under the revised salary spine will continue in accordance with clause 12.4 of the Award which provides for annual progression for full time employees and progression after 1200 hours and 12 months in case of part time and casual employees.

Review of minimum conditions (Clause 32 and 33)

The agreement allows for a joint review of the current on call/recall, annual leave, and public holiday entitlements in the Award.

The review of the annual leave and public holiday entitlements will focus on standardising these minimum entitlements.

Any changes to the Award resulting from this review would need to be approved by the Queensland Industrial Relations Commission.

Shifting minimum entitlements into the Award (Clause 22)

Under this agreement many minimum safety net conditions currently in the EB will be shifted into the Award. As these conditions represent minimum entitlements, they will be retained in the foundational Award, not the EB where they are subject to regular bargaining. These conditions are:

- Professional Development Leave, Professional Development Allowance & RANIP
- Night shift and public holidays
- Purchased leave
- Midwife Group Practice annualised salary rate of 35%
- Corrective services employees' conditions.

Department of Education and Training (DET) (Schedule 7)

For the first time, the agreement will extend beyond Queensland Health to nurses employed by the Department of Education and Training (DET) working as school nurses. All relevant provisions for DET nurses will be contained in Schedule 7. DET nurses will share wages and professional development leave and allowances with QH nurses and midwives. This is a significant improvement for DET nurses.

Funded projects

Career and classification (Clause 41.2 (a))

This project, to be completed during the life of the agreement, will follow the introduction of a revised salary spine and new classification descriptors in the Award with the:

- development of a nurse and midwife specific classification method/tool
- development of a library of model position descriptions for all nursing positions
- development of a classification/reclassification grievance procedure.

Rural and remote (Clause 25)

This project, to be completed in the first year of the agreement, will explore better ways to acknowledge the challenges and costs of working in rural and remote communities. It will review all entitlements extended to rural and remote nurses and midwives, including RANIP, locality allowance, district and divisional allowance, and additional leave. It will also review the DON - Rural and Remote role.

Midwifery – prioritising midwifery-led models of care (Clause 45)

This project group, which will continue for the life of the agreement, is dedicated to advancing midwifery-led models of care through industrial and professional arrangements. This includes considering career pathways, the application of

the classification structure to midwifery, and the evidence supporting midwifery practice.

Workforce Retention (Clause 41.2 (b))

A number of initiatives will be implemented over the life of the agreement to develop more flexible work practices and enhance workforce retention, including:

- Parental leave – assisting employees to feel attached to the workplace and involved in decisions that may affect their role while on leave, as well as ensuring their return to work provides flexibility and opportunities to re-engage.
- Transition to retirement – creating strategies to support employees transitioning to retirement, including flexible working arrangements, access to part time and job share arrangements, and undertaking mentoring roles.

Best Practice Rostering Guidelines Review (Clause 44)

In addition to reviewing the Award, the agreement provides for a project to be undertaken to further develop the content regarding on call, recall, and night shift contained in the Best Practice Rostering Guidelines. This work will be undertaken in the first year of the agreement and will be overseen by NaMIG.

Other changes

Rostering for rest breaks (Clause 44)

The agreement allows for parties to develop a position on how the 10-hour break between shifts applies where new contracts of employment or transfer between positions, facilities or HHSs are involved.

Graduates (Clause 46)

The parties have agreed to develop a framework document with key principles to guide the creation of successful careers and identify the foundation components for graduate professional pathways.

Nursing and midwifery governance (Clause 42)

The agreement acknowledges the value of the leadership role and EDON participation in decision making at the HHS level. It also acknowledges that EDONs are responsible for professional standards and practice for nursing and midwifery within each HHS.

Innovation and professional engagement (Clause 40)

The parties support the establishment of centres of clinical excellence for nursing and midwifery. This is an initiative aimed at encouraging collaboration between HHSs to advance nursing and midwifery practice.

The agreement also allows for a midwifery performance scorecard to be created, which will monitor the performance of midwifery services.

Reporting and consultation (Clauses 49, 50, 51 and 52)

The agreement retains existing provisions regarding consultation over the introduction of change and consultative forums (Nursing and Midwifery Consultative Forums and Nurses and Midwives Implementation Group). The terms of reference for these consultative forums will now be included in the agreement as a mandated industrial requirement.

The Nursing and Midwifery Consultative Forums should operate in accordance with the model terms of reference as outlined in Schedule 3 of the agreement.

In addition, the agreement allows for the Nursing and Midwifery Consultative Forums to be provided localised information utilising the nursing and midwifery scorecard. This will report on the implementation of evidenced based nursing and midwifery efficiency and effectiveness measures relating to areas such as performance and absenteeism.

Payroll (Clause 15)

The agreement provides an updated overview of the processes for overpayments and underpayments. QH has acknowledged problems with payslips and remains committed to working with unions to increase employees' access to meaningful payroll information. ■

EB9 wage table

Indicative title	New classification			Existing classification		
	Grade	Band	Pay Point	Grade	Band	Pay Point
Assistant in Nursing	1	1	1	1		1
			2			2
			3			3
			4			4
			5			5
			6			6
Assistant in Nursing –Sterilising Services (formerly CSSD)		2	1	3		1
			2			2
			3			3
Undergraduate Student in Nursing/Midwifery	2		2nd year	2		2nd year
			3rd year			3rd year
Enrolled Nurse	3		1	3		1
			2			2
			3			3
			4			4
			5			5
Enrolled Nurse Advanced Skills (formerly Enrolled Nurse Advanced Practice)	4		1	4		1
			2			2
Registered Nurse Registered Midwife	5		Re-entry	5		Re-entry
			1			1
			2			2
			3			3
			4			4
			5			5
			6			6
			7			7
Clinical Nurse Clinical Midwife	6	1	1	6		1
			2			2
			3			3
			4			4
Associate Clinical Nurse/Midwife, Consultant, Associate Nurse/Midwife Unit Manager, Associate Nurse/Midwife Manager, Associate Nurse/Midwife Educator, Associate Nurse/Midwife Researcher		2	1	6/7A		1

Wage rates payable from 1 April 2016			Wage rates payable from 1 April 2017		
Hourly	Fortnightly	Annually	Hourly	Fortnightly	Annually
$26.3408	$2,001.90	$52,228	$26.9987	$2,051.90	$53,533
$26.8816	$2,043.00	$53,300	$27.5539	$2,094.10	$54,634
$27.2382	$2,070.10	$54,007	$27.9197	$2,121.90	$55,359
$27.8553	$2,117.00	$55,231	$28.5513	$2,169.90	$56,611
$28.4961	$2,165.70	$56,502	$29.2079	$2,219.80	$57,913
$28.8395	$2,191.80	$57,182	$29.5605	$2,246.60	$58,612
$28.5026	$2,166.20	$56,515	$29.2158	$2,220.40	$57,929
$28.9118	$2,197.30	$57,326	$29.6342	$2,252.20	$58,758
$29.3382	$2,229.70	$58,171	$30.0711	$2,285.40	$59,624
$26.8816	$2,043.00	$53,300	$27.5539	$2,094.10	$54,634
$27.2382	$2,070.10	$54,007	$27.9197	$2,121.90	$55,359
$28.5026	$2,166.20	$56,515	$29.2158	$2,220.40	$57,929
$28.9118	$2,197.30	$57,326	$29.6342	$2,252.20	$58,758
$29.3382	$2,229.70	$58,171	$30.0711	$2,285.40	$59,624
$29.7776	$2,263.10	$59,043	$30.5224	$2,319.70	$60,519
$30.2513	$2,299.10	$59,982	$31.0079	$2,356.60	$61,482
$31.1461	$2,367.10	$61,756	$31.9250	$2,426.30	$63,300
$33.0500	$2,511.80	$65,531	$33.8763	$2,574.60	$67,169
$31.6342	$2,404.20	$62,724	$32.4250	$2,464.30	$64,292
$33.1118	$2,516.50	$65,654	$33.9395	$2,579.40	$67,295
$34.6697	$2,634.90	$68,743	$35.5368	$2,700.80	$70,462
$36.2276	$2,753.30	$71,832	$37.1329	$2,822.10	$73,627
$37.7842	$2,871.60	$74,918	$38.7289	$2,943.40	$76,791
$39.3474	$2,990.40	$78,017	$40.3316	$3,065.20	$79,969
$40.9105	$3,109.20	$81,117	$41.9329	$3,186.90	$83,144
$42.4711	$3,227.80	$84,211	$43.5329	$3,308.50	$86,316
$43.1987	$3,283.10	$85,654	$44.2789	$3,365.20	$87,796
$44.2132	$3,360.20	$87,665	$45.3184	$3,444.20	$89,857
$45.2316	$3,437.60	$89,685	$46.3618	$3,523.50	$91,926
$46.2566	$3,515.50	$91,717	$47.4132	$3,603.40	$94,010
$48.5553	$3,690.20	$96,275	$49.7697	$3,782.50	$98,683

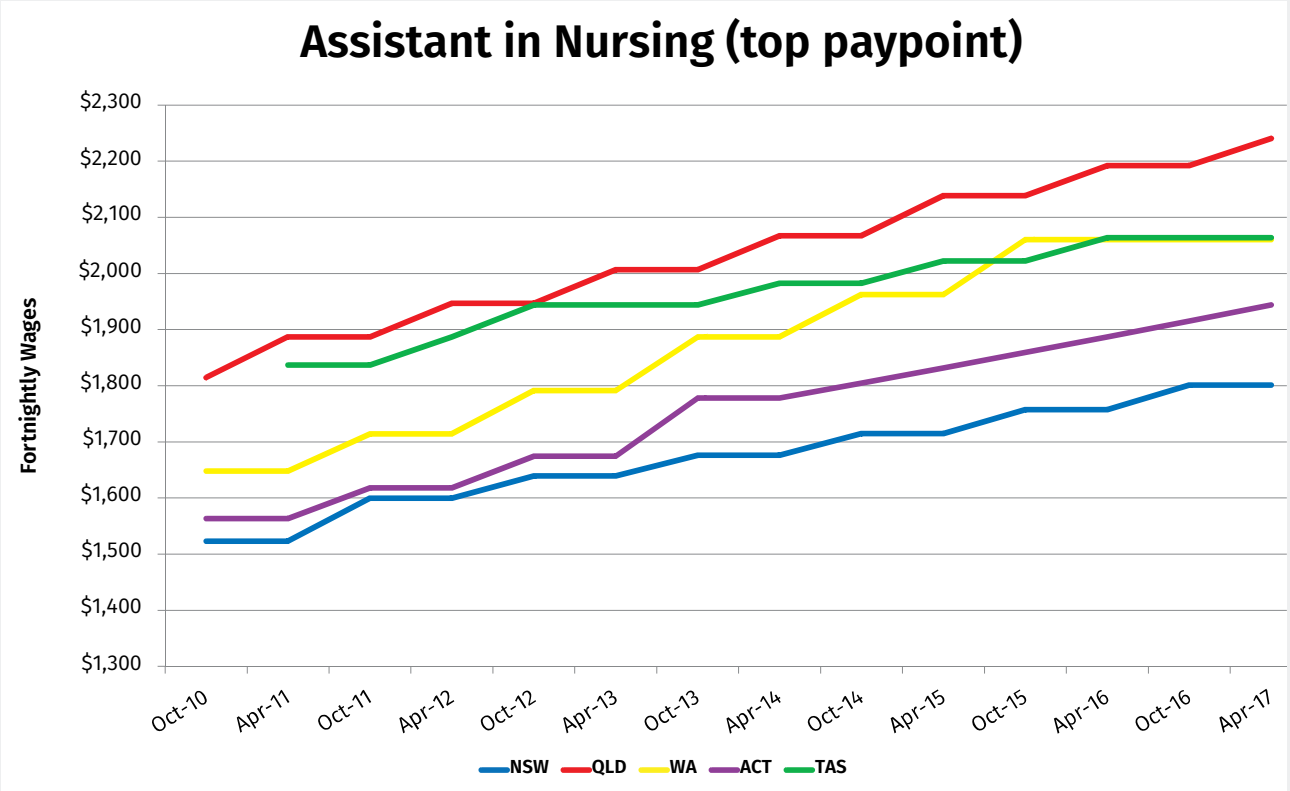
EB9 wage table

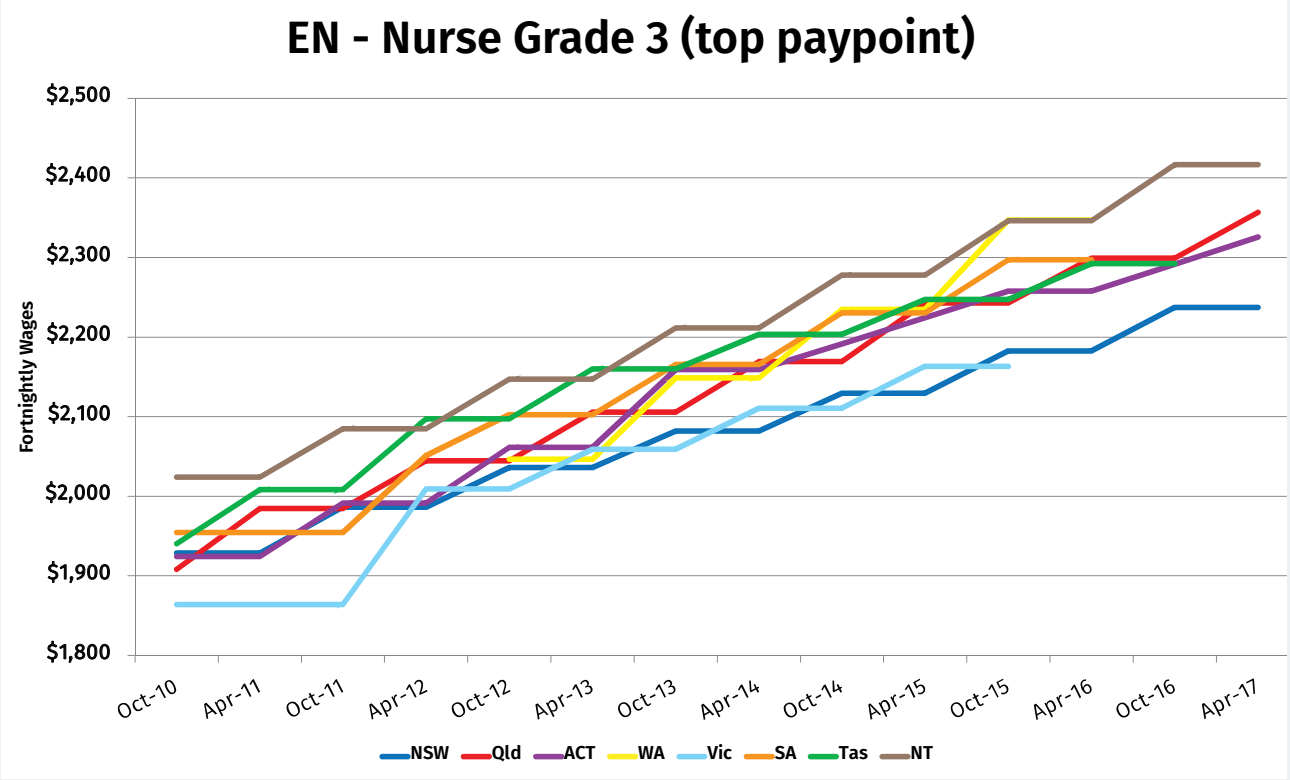
Indicative title	New classification			Existing classification		
	Grade	Band	Pay Point	Grade	Band	Pay Point
Clinical Nurse/Midwife Consultant, Nurse/Midwife Unit Manager, Nurse/Midwife Manager, Nurse/Midwife Educator, Nurse/Midwife Researcher, Public Health Nurse, Nurse Navigator, Nurse Practitioner Candidate	7		1	7		1
			2			2
			3			3
			4			4
Nurse Practitioner	8		1	8		1
			2			2
			3			
Director of Nursing - Rural and Remote	9		1	10	1	1
			2			2
			3			3
Assistant Director of Nursing Director of Nursing	10		1	9	1	1
				10	2	1
				11	1	1
			2	9	1	2
				10	2	2
				11	1	2
Nursing Director Director of Nursing	11			9	2	1
				10	3	1
				11	2	1
Nursing Director Director of Nursing	12			9	3	1
				10	4	1
				11	3	1
Nursing Director, Director of Nursing, Executive Director of Nursing	13	1		11	4	1
	13	2		12		

Note: Teams Leaders in Integrated Mental Health and Community Health will receive Health Practitioner wages and conditions while being required to retain their registration to practice as nurse. Refer clause 39 of this Agreement.

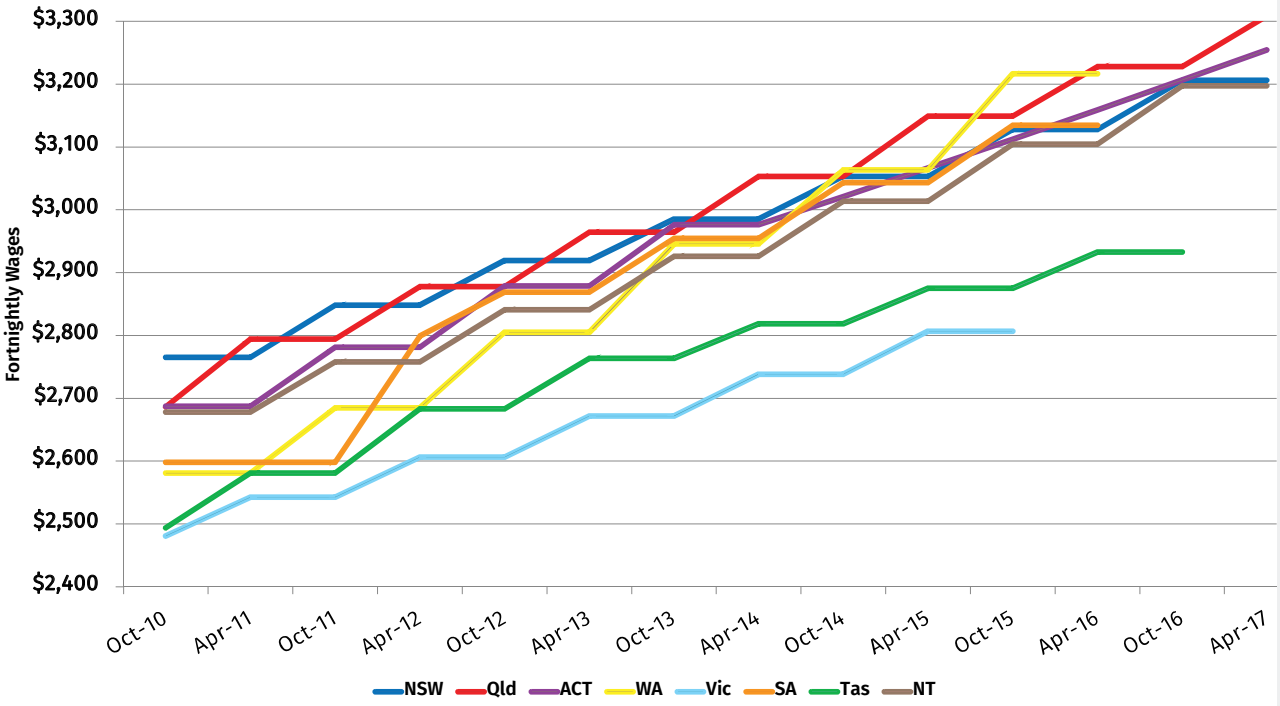
Wage rates payable from 1 April 2016			Wage rates payable from 1 April 2017		
Hourly	Fortnightly	Annually	Hourly	Fortnightly	Annually
$53.0434	$4,031.30	$105,174	$54.3697	$4,132.10	$107,804
$55.4434	$4,213.70	$109,932	$56.8289	$4,319.00	$112,680
$56.8211	$4,318.40	$112,664	$58.2421	$4,426.40	$115,482
$57.5868	$4,376.60	$114,182	$59.0263	$4,486.00	$117,037
$59.7237	$4,539.00	$118,419	$61.2171	$4,652.50	$121,380
$61.2092	$4,651.90	$121,365	$62.7395	$4,768.20	$124,399
$62.3513	$4,738.70	$123,629	$63.9105	$4,857.20	$126,721
$61.0000	$4,636.00	$120,950	$62.5250	$4,751.90	$123,974
$63.7605	$4,845.80	$126,423	$65.3539	$4,966.90	$129,583
$65.3447	$4,966.20	$129,565	$66.9789	$5,090.40	$132,805
$62.3513	$4,738.70	$123,629	$63.9105	$4,857.20	$126,721
$65.3737	$4,968.40	$129,622	$67.0079	$5,092.60	$132,862
$69.7724	$5,302.70	$138,344	$71.5171	$5,435.30	$141,803
$76.8145	$5,837.90	$152,307	$78.7342	$5,983.80	$156,113
$82.2289	$6,249.40	$163,042	$84.2842	$6,405.60	$167,118
$99.9711	$7,597.80	$198,221	$102.4697	$7,787.70	$203,176

Interstate wage comparisons

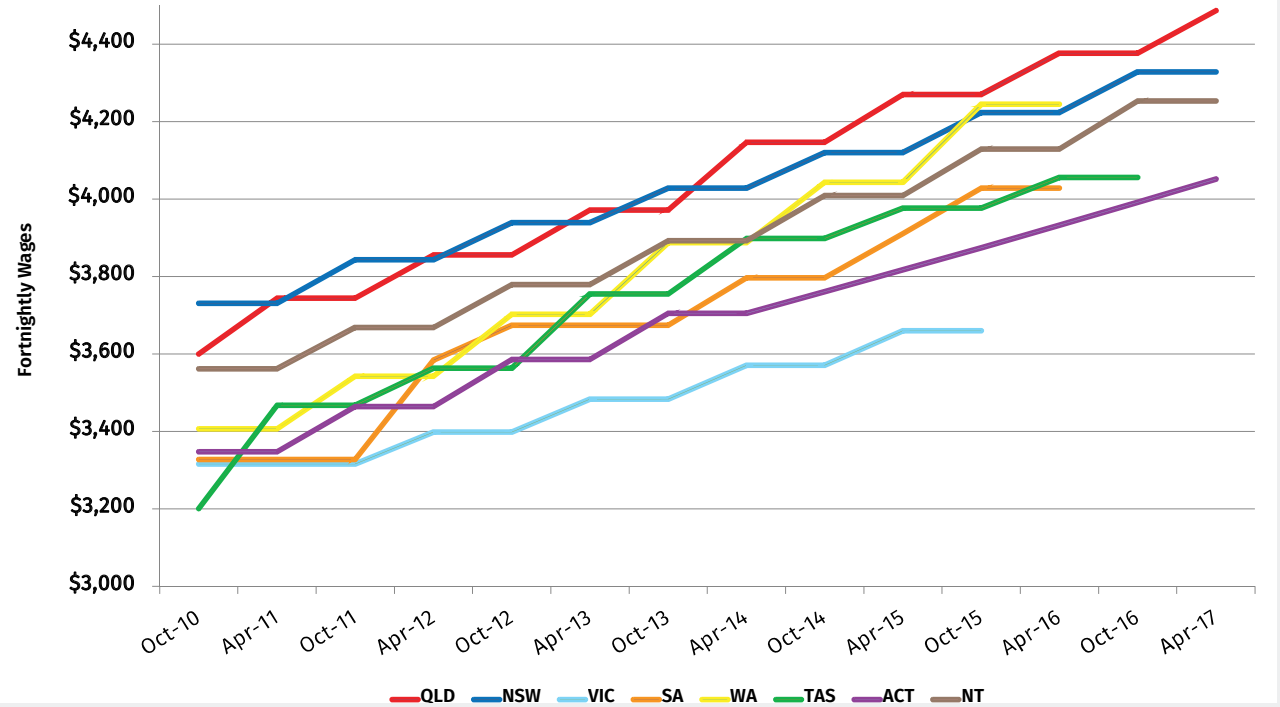




RN/RM - Nurse Grade 5 (top paypoint)



NUM - Nurse Grade 7 (top paypoint)



EB9 allowances

Allowance	Clauses – *Award*	As from 1/04/2016	As from 1/04/2017
Pharmacy allowance – Public Hospitals	13.14(a)	$2.16	$2.21
Relieving in-charge allowance	13.16	$12.71	$13.03
Operating theatre allowance – Public Hospitals	13.12	$2.94	$3.01
Hyperbaric allowance	13.6	$24.21	$24.82
Mental health environment allowance	13.9	$24.21	$24.82
X-Ray and radium allowance – Public Hospitals	13.20	$10.78	$11.05
Targeted training allowance for Assistants in Nursing	13.18	$32.61	$33.43
Night supervisors allowance – Public Hospitals (100 beds & under)	13.11(a)	$6.52	$6.68
Night supervisors allowance – Public Hospitals (over 100 beds)	13.11(b)	$12.92	$13.24
Laundry allowance	13.7	$2.13	$2.18

On Call Allowance	Description	As from 1/04/2016	As from 1/04/2017
Nurse Grade 3 and above	Saturday, Sunday, Public Holidays and Rostered Days Off	$43.64	$44.73
	Monday to Friday	$23.85	$24.45
Nurse Grade 1	Saturday, Sunday, Public Holidays and Rostered Days Off	$43.64	$44.73
	Night Only - Saturday, Sunday, Public Holidays and Rostered Days Off	$27.41	$28.10
	Any other night	$23.85	$24.45

Professional development allowance			
Category	**Payment in last pay period of September 2016**	**Payment in last pay period of March 2017**	**Total yearly payment**
Category B	$1,435.00	$1,435.00	$2,870.00
Category A	$1,148.50	$1,148.50	$2,297.00
Category C	$861.00	$861.00	$1,722.00
Category	**Payment in last pay period of September 2017**	**Payment in last pay period of March 2018**	**Total yearly payment**
Category B	$1,471.00	$1,471.00	$2,942.00
Category A	$1,177.00	$1,177.00	$2,354.00
Category C	$882.50	$882.50	$1,765.00

Appendix A
BPF multipliers

Multipliers for specific non-productive hours: annual leave, sick leave and professional development leave

The following provides the process for the determination of agreed multipliers locally for the backfilling of annual leave, sick leave and professional development leave.

(i) Calculate the locally derived average of leave taken, based on the previous three consecutive years of leave data and calculated after the completion of the previous financial year; and

(ii) Calculate the locally derived average of backfill provided to cover periods of leave, based on the previous three consecutive years of leave data and calculated after the completion of the previous financial year.

When determining the level of backfill, it is recognised that where the activity in which an employee is normally engaged (eg. provision of clinical care) continues during the employee's period of leave, backfill of that employee must occur during their leave period.

(iii) Determine the locally agreed multiplier based on the leave taken and backfill provided over the previous three years in consultation with the local HHS BPF Steering Committee and local NaMCF.

(iv) Where the local leave multiplier is higher than the maximum Award entitlement, the organisation will use the multipliers detailed below for budgeting purposes:

- For Sick Leave: 3.8%
- For Annual Leave (4 weeks): 7.69%
- For Annual Leave (5 weeks): 9.61%
- For Annual Leave (6 weeks): 11.53%
- For PDL (3 days): 1.15%
- For PDL (10 days): 3.8%

Appendix B
Workload concern escalation

39.3 - Workload management concern escalation process

(a) This is the process for the resolution of workload concerns including those that may impact on patient and staff safety. Any nurse, midwife, employer or union representative may raise a workload concern.

(b) Where a workload concern creates an immediate and substantial risk to the safety of patients or staff, the parties will work together to address the concern as a matter of urgency by immediate escalation to stage 3.

(c) Stage 1

(i) Where a nurse/midwife identifies a workload concern, it will be raised immediately at the service level with the line manager responsible for ensuring BPF has been correctly applied.

(ii) The parties will engage to resolve the concern within 24 hours.

(iii) The line manager or after-hours nurse/midwife manager is responsible for immediately investigating the workload concern identified and implementing actions (including implementing service agreed low priority strategies) to resolve the identified concern, mitigate risk to patient safety and/or prevent reoccurrence.

(d) Stage 2

(i) If the workload concern is not resolved at the service level at Stage 1, it may be escalated for discussion between the nurse/midwife, union representative and Nursing/Midwifery Executive team (that is Nursing Director – Nursing Grade 9 and above depending on the nursing executive structure of the facility).

(ii) The parties will review the identified workload concern and determine and implement further actions to resolve, mitigate risk to patient safety and/or prevent re-occurrence, within 7 days of the workload concern being referred to Stage 2.

(e) Stage 3

(i) If the workload concern is not resolved at Stage 2, the nurse/midwife, employer and/or union representative party may escalate for resolution.

(ii) Resolution will be by discussion between the Executive Director of Nursing/Midwifery or when a workload concern is within the Department of Health (DoH), the professional lead equivalent and union representative.

(iii) Discussions will be held within 7 days of the concern being escalated to stage 3 by any party to the concern.

(iv) The workload concern should also be tabled for reporting purposes to the next immediate Workload Management Committee / Nursing Consultative Forum.

(f) Stage 4

(i) If the workload concern is not resolved at stage 3, a specialist panel must be convened by the HHS EDON or DoH equivalent within 7 days (or longer as agreed by the parties) of the concern being escalated from Stage 3 by a party to the concern.

(ii) The specialist panel will be made up of the following nominees:

A. Employer nominees:

- Hospital and Health Service Executive Director of Nursing or Department equivalent
- External Executive Director of Nursing peer (optional)
- Hospital and Health Service / Department BPF expert
- External BPF expert – other Hospital and Health Service or OCNMO
- Hospital and Health Service / Department HR/IR representative

B. QNU nominees:

- Industrial Officer
- Professional Officer

- Organiser
- QNU Workplace representatives

(iii) The specialist panel will review the identified workload concern and jointly recommend actions to resolve, mitigate risk to patient safety and/or prevent re-occurrence of the identified concern. The recommendations should include timeframes for implementation.

(iv) The recommendations of the specialist panel meeting must be published and feedback on the actions taken and those actions to be taken, to staff affected by the identified workload concern within 3 days of the conclusion of the panel's deliberations.

(g) Stage 5

(i) If the workload concern is not resolved at stage 4, a party to the concern may refer the matter to the QIRC for conciliation and if necessary arbitration.

(ii) For the purposes of this stage, an unresolved concern may include but is not limited to instances where the specialist panel is unable to reach an agreed position or the recommendations of the specialist panel are not implemented or are only partly implemented. ■

THE UNION FOR QNU NURSES AND MIDWIVES

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Queensland Health

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